



Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

## COMMERCIAL COMMON POLICY DECLARATIONS SUMMARY PAGE

<b>Policy Number</b>	WPP1196072 01	<b>Policy Period</b>	<b>From:</b> 10/19/2015 <b>To:</b> 10/19/2016 12:01 A.M. Standard Time at the Name Insured's Address
<b>Transaction</b> Renewal			
<b>Named Insured and Address</b> STEVEN LEVINE 3616 FARWEST BLVD STE 117 PMB173 AUSTIN TX 78731	<b>Producer:</b> 57737 Scottish American Insurance General Agency, Inc. 2 TELEPORT DRIVE, CORPORATE COMMONS 2, S STATEN ISLAND NY 10311 <b>Telephone:</b> (718) 906-5300		
<b>Business Description</b> LESSOR'S RISK ONLY	<b>Type of Business</b> Limited Liability Company	<b>Auditable</b> <input checked="" type="checkbox"/> <b>Non-Auditable</b> <input type="checkbox"/>	<b>Audit Period</b> Annual

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART DESCRIPTION	PREMIUM
Commercial Fire	\$4,752.00
General Liability	\$3,424.00
NY Fire Fee	\$32.31
<b>Policy Premium</b>	\$8,176.00
<b>Deposit Premium (if applicable)</b>	\$8,176.00
<b>Taxes and Surcharges</b>	N/A in NY
<b>Total Deposit Premium</b>	\$8,208.31

(Includes Taxes, Surcharges, and applicable Terrorism Premium)

### FORMS AND ENDORSEMENTS\*

See Forms and Endorsements Schedule

\*Entry optional if above in common policy declarations schedule

THESE DECLARATIONS TOGETHER WITH THE COVERAGE DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

9/14/2015

Date

Signature of Authorized Representative



Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

**Policy Number:**  
WPP1196072 01  
**Named Insured:**  
STEVEN LEVINE

## **COMMERCIAL COMMON POLICY DECLARATIONS LOCATION SUMMARY**

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**Premises # 1**  
9913 43rd Ave

Corona                    NY 11368

**Premises # 2**  
10820 48th Ave

Corona                    NY 11368



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## COMMERCIAL COMMON POLICY DECLARATIONS SUB-LOCATION ADDRESS SCHEDULE

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**Premises # 1**

**Building # 1**

APARTMENTS WITHOUT MERCANTILE OCCUPANCIES - UP TO 10 UNITS

**Premises # 2**

**Building # 1**

APARTMENTS WITHOUT MERCANTILE OCCUPANCIES - UP TO 10 UNITS



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## COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

**Policy Number** WPP1196072 01

**Policy Period**

**From:** 10/19/2015 **To:** 10/19/2016

12:01 A.M. Standard Time at the Name Insured's Address

**Transaction**  
Renewal

**Named Insured and Address**

STEVEN LEVINE  
3616 FARWEST BLVD STE 117 PMB173  
AUSTIN TX 78731

**Producer:** 57737

Scottish American Insurance General Agency, Inc.  
2 TELEPORT DRIVE, CORPORATE COMMONS 2, S  
STATEN ISLAND NY 10311  
**Telephone:** (718) 906-5300

**Business Description**  
LESSOR'S RISK ONLY

**Type of Business**

Limited Liability Company

**Audit Period**

Annual

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

### LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$2,000,000
Products - Completed Operations Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Medical Expense Limit, any one person	\$5,000
Damage to Premises Rented to You Limit, any one premises	\$100,000

### AMENDED LIMITS OF LIABILITY

Refer to attached schedule, if any.

### LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Refer to attached schedule.

### CLASSIFICATIONS

Refer to attached schedule, if any.

**TOTAL PREMIUM FOR THIS COVERAGE PART** \$3,424.00

<b>FORMS AND ENDORSEMENTS*</b>	
See Forms and Endorsements Schedule	

\*Entry optional if shown in common policy declarations.

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9/14/2015

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**Policy Number:**  
WPP1196072 01  
**Named Insured:**  
STEVEN LEVINE

## COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS

### LOCATION OF PREMISES

#### Location of All Premises You Own, Rent or Occupy:

1 9913 43rd Ave  Corona              NY 11368	2 10820 48th Ave  Corona              NY 11368
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### PREMIUM

Location	Classification	Code No.	Exposure	Basis	Prem. Ops.	Rate Prod/Comp Ops. 0.000	Prem. Ops.	Advance Premium Prod/Comp Ops. \$1,712.00	Premium Prod/Comp Ops. \$0.00
1		60022	6	U	285.337 Apartments, Tenements, Boarding or Rooming Houses Without Elevator				
2		60022	6	U	285.337 Apartments, Tenements, Boarding or Rooming Houses Without Elevator	0.000		\$1,712.00	\$0.00

#### Extension of Declarations – Total Advance Annual Premium

**\$3,424.00**

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GLDEC 0408

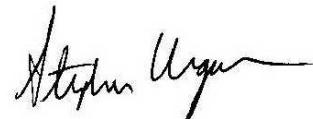
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IN WITNESS WHEREOF, the company has caused this policy to be executed and attested by its President and Secretary at Rocky Hill, Connecticut, and this policy shall not be valid unless countersigned by an authorized representative of the company.



*Jeffrey L. Foss*  
President



*Stephen W. Ugan*  
Secretary



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## COMMERCIAL PROPERTY COVERAGE DECLARATIONS

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<b>Business Description</b> LESSOR'S RISK ONLY	<b>Type of Business</b> Limited Liability Company	<b>Audit Period</b> Annual	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

### DESCRIPTION OF PREMISES

Refer to attached schedule.

### COVERAGES PROVIDED

Refer to attached schedule, if any.

### OPTIONAL COVERAGES

Refer to attached schedule, if any.

### MORTGAGEES AND ADDITIONAL INTERESTS

Refer to attached schedule, if any.

**TOTAL PREMIUM FOR THIS COVERAGE PART**      \$4,752.00

### FORMS AND ENDORSEMENTS\*

See forms and Endorsements Schedule

\*Entry optional if shown in common policy declarations.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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## COMMERCIAL PROPERTY DESCRIPTION OF PREMISES

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Prem. Bldg.	No.	Occupancy	Construction	Class	Prot.	Terr.	EQ Class.	EQ Terr.
1	1	Apartments without Mercantile Occupancies – Up to 10 Units	Joisted Masonry (Code 2)	0311	2	410		
2	1	Apartments without Mercantile Occupancies – Up to 10 Units	Joisted Masonry (Code 2)	0311	2	410		



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## COMMERCIAL PROPERTY DESCRIPTION OF COVERAGES PROVIDED

Prem No	Bldg No.	Coverage	Limit Of Insurance	Blanket Coverage	Covered Causes Of Loss	Coinsurance	Ded.
1	1	Building	\$626,333		Special	100%	\$2,500
1	1	Business Income including Rental Value with Extra Expense	\$80,000		Special	80%	
1	1	Ordinance Or LawB	See Endo		Special		
1	1	Ordinance Or LawC	See Endo		Special		
2	1	Building	\$870,539		Special	100%	\$2,500
2	1	Business Income including Rental Value with Extra Expense	\$54,000		Special	80%	

†IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

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## COMMERCIAL PROPERTY DESCRIPTION OF OPTIONAL COVERAGES PROVIDED

Prem No	Bldg No	Coverage	Effective Date	Expiration Date	Agreed Value	Bldg	Valuation†		Inflation Guard		Monthly Limit of Indemnity	Maximum Limit of Indemnity	Extended Period of Indemnity
							Pers Prop	Incl Stock	Bldg	Pers Prop			
1	1	Bldg	10/19/2015	10/19/2016	X	RC			RC	4%			
1	1	Business Income including Rental Value with Extra Expense											
1	1	OrdinanceOrLawB											
1	1	OrdinanceOrLawC											
2	1	Bldg	10/19/2015	10/19/2016	X	RC			RC	4%			
2	1	Business Income including Rental Value with Extra Expense											

† RC = Replacement Cost  
FRC = Functional Replacement Cost  
ACV = Actual Cash Value

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## COMMERCIAL PROPERTY SUPPLEMENTAL DECLARATIONS

**LOCATION SCHEDULE PREMIUM CHARGES:**

Premises Number	Building Number	Coverage	Covered Causes Of Loss	Premium
1	1	Building	Special Excluding Theft	\$1,617.00
1	1	BusinessIncome including Rental Value with Extra Expense	Special Excluding Theft	\$158.00
1	1	Ordinance Or LawB	Special Excluding Theft	\$83.00
1	1	Ordinance Or LawC	Special Excluding Theft	\$83.00
1		Equipment Breakdown		\$71.00
			Location 1 Total	\$2,012.00
2	1	Building	Special Excluding Theft	\$2,140.00
2	1	BusinessIncome including Rental Value with Extra Expense	Special Excluding Theft	\$107.00
2		Equipment Breakdown		\$82.00
			Location 2 Total	\$2,329.00

**OTHER PROPERTY COVERAGE PREMIUM CHARGES:**

Coverage	Premium
Terrorism	\$112

Total Other Property: \$112.00  
Total Blanket Property: \$0.00

**Total Property Premium Charges: \$4,752.00  
(Excluding Taxes and Surcharges)**



## COMMERCIAL PACKAGE POLICY

### POLICY INTEREST SCHEDULE

**MORTGAGEE**  
New York Community Bank ISAOA/ATIMA  
PO Box 5070  
LOAN#110611956  
Troy, MI 48007  
Units (Loc - Bldg): 1-1

**MORTGAGEE**  
JP MORGAN CHASE BANK NA ISAOA  
ATTN: TX1-1711 LOAN#714133733  
PO BOX 9005  
COPPELL, NY 75019-9005  
Units (Loc - Bldg): 2-1

### LOSS PAYABLE

JP Morgan Chase Bank NA ISAOA  
Attn: TX1 - 1711 LOAN#714133733  
PO Box 9005  
Coppell, TX 75019-9005  
Units (Loc - Bldg): 2-1